

MAY 16 2006

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner James S. Wozniak

Firm: U.S. Patent and Trademark Office
Art Unit 2655

Facsimile: (571) 273-8300

From: Paul A. Levy

Date: May 16, 2006

Re: FLH Ref No.: 450101-03685
Serial No.: 10/019,125

Number of Pages: 16
(including cover page)

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RECEIVED
MAY 16 2006 PATENT
450101-03685IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yasuhara Asano et al.
 Serial No. : 10/019,125
 For : SPEECH RECOGNITION DEVICE AND SPEECH
RECOGNITION METHOD AND RECORDING MEDIUM
 Filed : May 10, 2002
 Examiner : James S. Wozniak
 Art Unit : 2655

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 9 | Minus | 20 | x | \$50 (25) | = \$0.00 |
| Independent claims | 3 | Minus | 3 | x | \$200 (100) | = \$0.00 |
| Total additional fee for this amendment | | | | | | \$0.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
 A check in the amount of \$_____ is attached, which covers the cost of additional claims _____ petition for extension of time.
 Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

| | | |
|--|-------------------------|--|
| <u>FACSIMILE</u> | Respectfully submitted, | |
| <p>I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office, Facsimile No. (571) 273-8300 on the date shown below.</p> <p><u>PATRICIA A. DUBYNE</u> <small>Type or print name of person signing certification</small> <u>Patricia A. Dubyne</u> <small>Signature</small> <small>May 16, 2006</small> <small>Date of Signature</small></p> | | |
| <p>FROMMER LAWRENCE & HAUG LLP <small>Attorneys for Applicant(s)</small></p> <p>By:  <small>Paul A. Levy Reg. No. 45,748 Tel: 212-588-0800</small></p> | | |